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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000041771**1. Corporation Name

RENNO L. PETERSON, P.A.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90019 043 ***150.00

		and the second
- 1 		

Principal Place	e of Business	Mailing Address				-				
2 N TAMIAMI T SUITE 606 SARASOTA FL		2 N TAMIAMI TRAIL SUITE 606 SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE					
U\$		U\$				3. Date incorporated or Qualifed 05/22/1995				
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number			pplied For	┨.
21	lace of Business	26				65-0628655		<u> </u>	ot Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional	7 5
22		27				5. Certifcate of Status Desired		Fee R	equired	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent year Ir	ntangible	_	
24	25	ا المناب	30			Personal Property Tax.		X Yes	□No	4
<u> </u>	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New I	Registered	l Agent	•	4
DEN	NO L PETERSON	. 3		81 Nar	ne					
	TAMIAMI TR.,			82 Stre	et Addre	ss (P.O. Box Number is Not Accepta	able)			
STE				83		100000000000000000000000000000000000000	G 740 241		17471118 1981	┨ .
SAR	ASOTA FL 34236			24 87						┩ ˙
				84 City	<i>(</i>	•	FI	85 Zip	Code ''''	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	uthorized	i by the co	orporation	's board of directors. I hereby acce	purpose o	ointment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signat	ure required v	when reinstating)	DATE	··		ءِ ا
12.		nt and title if applicable. (NOTE: ND DIRECTORS	Registered	l Agent signat	ure required v	when reinstating) / ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12	_ 60
			_		ure required v	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12	(44,00)
12.	OFFICERS AN	ID DIRECTORS	13.	TLE	ura required v					24 (44 /00)
12. TITLE	OFFICERS AN	ID DIRECTORS	13. 1.1 TF 1.2 N/	TLE		ADDITIONS/CHANGES TO OF				2 1
12. TITLE NAME	OFFICERS AN PETERSON, RENNO L	ID DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST	TLE AME		ADDITIONS/CHANGES TO OF		Change	☐ Addition	1, VCO-001, V
12. TITLE NAME STREET ADDRESS	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST	TLE AME TREET ADDRE		ADDITIONS/CHANGES TO OF			☐ Addition	1, VCO-001, V
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	TLE AME TREET ADDRE TY-ST-ZIP TLE		ADDITIONS/CHANGES TO OF		Change	☐ Addition	1, VCO-001, V
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA	TLE AME TREET ADDRE TY-ST-ZIP TLE	ESS	ADDITIONS/CHANGES TO OF		Change	☐ Addition	1, VCO-001, V
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE AME TY-ST-ZIP TLE AME TREET ADDRE TREET ADDRE	ESS	ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	7,10000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT	TLE AME IREET ADDRE TY-ST-ZIP TLE AME IREET ADDRE ITY-ST-ZIP TLE	ESS	ADDITIONS/CHANGES TO OF		Change	☐ Addition	7,00000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA	TLE AME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLY-ST-ZIP TLE AME AME AME		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	7,10000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606	ID DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2. 4 C 3.1 TT 3.2 NA 3.3 ST 3.4. CT 4.1 TT	TLE AME TY-ST-ZIP TLE AME TY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL		ADDITIONS/CHANGES TO OF	FICERS A	☐ Change	☐ Addition	7,80000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D PETERSON, RENNO L 2 N TAMIAMI TRAIL #606 SARASOTA FL	D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA	TLE AME TREET ADDRE TY-ST-ZIP TLE AME ITREET ADORE ITY-ST-ZIP TLE AME ITREET ADORE ITY-ST-ZIP TLE AME ITREET ADORE ITY-ST-ZIP TLE AME AME AME AME AME AME	::SS	ADDITIONS/CHANGES TO OF	FICERS A	☐ Change	Addition Addition	7,80000
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941 362 4819